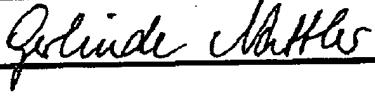


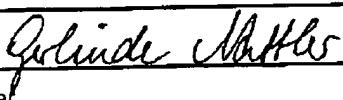
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

| | | | |
|--|---|------------------------|----------------|
| TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i> | | Application Number | 10/535,440 |
| | | Filing Date | 23 March 2006 |
| | | First Named Inventor | Bernhard GIERS |
| | | Art Unit | 3683 |
| | | Examiner Name | Melody BURCH |
| Total Number of Pages in This Submission | 7 | Attorney Docket Number | AP10596 |

RECEIVED
CENTRAL FAX CENTER
MAY 27 2008

| | | |
|--|--|--|
| ENCLOSURES (Check all that apply) | | |
| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (Please Identify below): |
| Remarks | | |

| | |
|---|---|
| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | |
| Firm Name | Continental Teves, Inc. |
| Signature |  |
| Printed name | Gerlinde Nattler |
| Date | May 27, 2008 |
| | Reg. No. 51,272 |

| | |
|---|---|
| CERTIFICATE OF TRANSMISSION/MAILING | |
| I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: | |
| Signature |  |
| Typed or printed name | Gerlinde Nattler |
| | Date May 27, 2008 |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including to gather, prepare, and submit the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

AP 10596

RECEIVED
CENTRAL FAX CENTER
MAY 27 2008

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Bernhard GIERS

Serial No.: 10/535,440 Group Art Unit: 3683
Filed: 23 March 2006 Examiner: Melody BURCH
For: METHOD FOR AN ADAPTIVE BRAKE TORQUE CONTROL
Atty. Docket No.: AP10596

Mail Stop Amendments
Commissioner for Patents
PO Box 1450
Alexandria, Virginia 22313-1450

| | |
|---|---|
| CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8 (A)) | |
| I hereby certify that this correspondence is, on the date shown below, being | |
| <input type="checkbox"/> deposited with the United States Postal Service with sufficient postage as Express Mail, Post Office to Addressee, Mailing Label No. , addressed to Mail Stop PCT, Commissioner for Patents, PO Box 1450, Alexandria, Virginia 22313-1450. | |
| <input checked="" type="checkbox"/> transmitted by facsimile to the Patent and Trademark Office, to Examiner Melody BURCH at 571-273-8300. | |
| Date: May 27, 2008 | Signature _____ Name: Gerlinde Nattler |

Amendment

Dear Sir:

This amendment is in response to the Office Action dated February 26, 2008.

IN THE CLAIMS

Please, amend the claims as indicated in the listing starting on page 2.

IN THE SPECIFICATION

The specification was objected to for making reference to canceled claim 10.

Please delete the last paragraph on page 2 of the clean version of the substitute specification, i.e. the two lines immediately following the subheader "SUMMARY OF THE INVENTION."